

CENTERS FOR MEDICARE & MEDICAID SERVICES

WAIVER LIST

NUMBER: 11-W-00288/5

TITLE: Iowa Marketplace Choice Plan Section 1115 Demonstration

AWARDEE: Iowa Department of Human Services

All requirements of the Medicaid program expressed in law, regulation and policy statement, not expressly waived or identified as not applicable in accompanying expenditure authorities, shall apply to the demonstration project effective from January 1, 2014 through December 31, 2016. In addition, these waivers may only be implemented consistent with the approved Special Terms and Conditions (STCs).

Under the authority of section 1115(a)(1) of the Social Security Act (the Act), the following waivers of state plan requirements contained in section 1902 of the Act are granted subject to the STCs for the Iowa Marketplace Choice section 1115 demonstration.

1. Eligibility Requirements

Section 1902(a)(10)(A)(i)(VIII)

To enable the state to impose, as a condition of eligibility for certain individuals eligible under section 1902(a)(10)(A)(i)(VIII) who have incomes above 100 percent of the Federal Poverty Line (FPL) and who are neither medically frail nor have access to cost-effective employer-sponsored insurance (the Marketplace Choice Plan Population), a requirement to enroll in a designated Qualified Health Plan offered through the Marketplace.

2. Premiums

Section 1902(a)(14) insofar as it incorporates Section 1916

To enable the state to charge premiums in excess of applicable Medicaid limits to the Marketplace Choice population, subject to a quarterly aggregate cap of 5 percent of family income.

3. Methods of Administration

Section 1902(a)(4) insofar as it incorporates 42 CFR 431.53

To the extent necessary to relieve the state of the obligation to assure transportation to and from providers for the Marketplace Choice population. This waiver authority will expire July 31, 2015 unless an extension is otherwise approved under the requirements of paragraph 7 (Amendment Process) of the STCs.

4. Freedom of Choice

Section 1902(a)(23)(A)

To the extent necessary to enable Iowa to limit Marketplace Choice population beneficiaries' freedom of choice to a choice of providers participating in the network of the Marketplace Choice plan beneficiary's Qualified Health Plan. No waiver of freedom of choice is authorized for family planning providers.

5. Prior Authorization

Section 1902(a)(54) insofar as it incorporates Section 1927(d)(5)

To the extent necessary to permit Iowa to require that requests for prior authorization for drugs be addressed within 72 hours for the Marketplace Choice population. A requested medication will be provided to the extent necessary to address an emergency.

6. Payment to Providers

Section 1902(a)(13) and Section 1902(a)(30)

To the extent necessary to permit Iowa to provide for payment to providers equal to the market-based rates determined by the Qualified Health Plan providing primary coverage for services to the Marketplace Choice population.

7. Comparability

Section 1902(a)(17)

To enable Iowa to provide different benefits for different populations of Medicaid beneficiaries. Also, to enable Iowa to provide coverage through different delivery systems for different populations of Medicaid beneficiaries. Specifically, to permit the state to provide reduced cost sharing for the newly eligible population. This will be done through an \$8 copay for non-emergency use of the emergency department. This copay will not apply to other Medicaid populations; copays applied to other Medicaid populations will not be imposed on this population.